



METROPOLITAN POLICE Community Survey

PURPOSE

The Metropolitan Police Department (MPD) of the District of Columbia, under the new leadership of Acting Chief of Police Cathy Lanier, is committed to reducing crime and the fear of crime by establishing "customized community policing" strategies to address individual neighborhood problems. As part of this, the Department is conducting a citywide survey to identify ways to improve services to all community members.

WHO CAN PARTICIPATE?

District residents and business owners, commuters and visitors are welcome to participate in the survey.

HOW DO I PARTICIPATE?

Your participation is voluntary, but is very important to the success of the survey. You can participate:

Online

Complete the survey online at
www.mpdc.dc.gov/communitysurvey.

Hard copy

Pick up a copy from a police district station or public library. In addition, MPD members will be distributing the survey in public areas over the next few weeks.

Completed surveys can be dropped off in specially marked boxes in district stations and libraries or mailed to:

Annie Russell, Director
Metropolitan Police Department
300 Indiana Avenue, NW
Room 5140
Washington, DC 20001

HOW DO I LEARN MORE?

Call Ms. Russell at (202) 727-1585 or e-mail annie.russell@dc.gov.

IS THE SURVEY CONFIDENTIAL?

Your answers are confidential and will be used only to help the Department understand community issues. MPD plans to track its progress over time through additional surveys just like this.

Make Your Voice Heard. This is your opportunity to voice your opinion about MPD and crime in the District of Columbia.

Deadline
March 9, 2007

PLEASE NOTE

As you know, there are several dozen police agencies that serve the District, including the Metro Transit Police, U.S. Capitol Police and U.S. Park Police. However, please keep in mind that the questions in this survey only pertain to the Metropolitan Police Department, which has primary law enforcement authority.

SECTION I. Your Impressions of the Police. For each of the statements below, please indicate with an "X" if you strongly agree, somewhat agree, somewhat disagree, strongly disagree, or don't know and/or feel that this question does not apply to you.

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	DON'T KNOW OR N/A
1. Police who serve the neighborhood where I live and/or work listen to what I say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The police respond quickly when I ask them for something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The police help me when I call them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have had a positive interaction with an officer in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The police are respectful and courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The police are friendly and approachable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall, I am satisfied with police services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Police officers are visible in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I often see officers patrolling on foot or bike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Police in my neighborhood work with residents to develop partnerships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The police work hard to address crime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. MPD-sponsored community meetings I have attended were valuable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The police dress appropriately while on duty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The police act professionally while on duty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The police present themselves well when interviewed on TV and radio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The police keep their vehicles clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Overall, I have confidence that the police department will protect me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The police enforce local traffic laws well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I think the police policy of having police non-emergency lights flashing during routine patrol is helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Crime in D.C. has made me change my personal activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II. Familiarity with the Police and Your Community.

For each statement below, please indicate with an "X" if you agree or disagree, or if you don't know and/or feel that this question does not apply to you. Only apply your answers to the Metropolitan Police Department.

	YES	NO	DON'T KNOW OR N/A
1. I have a good relationship with at least one MPD officer in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I see the police and community members in my neighborhood working together to address crime and disorder problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I belong to a Neighborhood Watch/Citizen Patrol group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have attended at least one MPD community meeting during the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have attended at least one non-police-sponsored community meeting during the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am notified monthly of Police Service Area (PSA) community meetings that are being held in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I have attended a meeting where I actively worked with the police on solving crime and disorder problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am aware of at least one local police event or program such as National Night Out, 40 Days of Increased Peace, Toys for Tots, MPD's Christmas Party, and MPD's Halloween Party.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have visited MPD's Web site at least once in the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have contacted an MPD officer/other sworn member to request information at least once during the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am aware that MPD sponsors community online Listservs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I participate in an MPD community Listserv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I have received at least one MPD community brochure or have read an MPD press release during the last year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I have contacted an MPD civilian member to request information at least once during the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I have called 911/311 at least once during the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I have been a victim of a crime in D.C. during the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I have noticed that the police keep their non-emergency lights flashing (without sirens) while on patrol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I am aware that other government agencies work with the police to reduce crime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III. Crime and Your Comfort Level.

For each of the areas listed below, please indicate with an "X" how safe you feel in these parts of the District of Columbia. Only apply your answers to your experiences in the District of Columbia.

How safe do you feel ...	VERY SAFE	SOMewhat SAFE	SOMewhat UNSAFE	VERY UNSAFE	DON'T KNOW OR N/A
1. In your home during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In your home at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In your neighborhood during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In your neighborhood at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In and around where I work during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In and around where I work at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In retail areas during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In retail areas at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In city parks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In other public areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Driving during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Driving at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV. Your Crime Priorities For each of the problem areas listed below, please indicate with an "X" whether it is a big problem, some problem, no problem, or if you don't know and/or feel that this question does not apply to you.

	BIG PROBLEM	SOME PROBLEM	NO PROBLEM	DON'T KNOW OR N/A
1. Drug dealing on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drinking in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Loitering on street corners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shootings on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assaults on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Robberies on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cars being vandalized, broken into or stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Burglaries of homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Burglaries of businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Bikes being stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Abandoned houses or other empty buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Abandoned cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Underage drinking and/or drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Involvement of young people in other crimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Truancy (i.e., kids not being in school when they should)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR COMMENTS

(OPTIONAL) Use the space below to share your comments or additional thoughts about your experiences with the Metropolitan Police Department, positive or negative, to help us better understand your responses.

ABOUT YOU

To help us better understand the results of the survey represent the views of people with different backgrounds across the city, please take a moment to answer the following questions.

<p>1. I consider myself to be: (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Latino</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>2. What is your sex?</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p>3. How old are you? _____ years of age</p> <p>4. Please indicate whether you are a:</p> <p><input type="checkbox"/> Resident in D.C.</p> <p><input type="checkbox"/> Business owner in D.C.</p> <p><input type="checkbox"/> Both resident and business owner in D.C.</p> <p><input type="checkbox"/> Worker in D.C. but live in another state</p> <p><input type="checkbox"/> Visitor to D.C.</p> <p>5. If you live or work in the District of Columbia, please provide the block number and zip code (e.g., 400 block of Oak Street, NW or 700 block of 157th Street, NW):</p> <p><input type="checkbox"/> Block where I live: _____ Zip Code: _____</p> <p><input type="checkbox"/> Block where I work: _____ Zip Code: _____</p>
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Thank you for taking part in this survey. We appreciate your input. Please send us your response by March 9, 2007